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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 05432/100M919-US1		
Application Number	10/644,579-Conf. #5200	Filed August 20, 2003		
For THE USE OF ENANTIOMERIC PURE ESCITALOPRAM				
Art Unit	1617	Examiner Y. S. Chong		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.				
I am the	<input type="checkbox"/>	applicant/inventor.		
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>52,949</u>		
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>Dianna Goldenson</u> Signature			March 6, 2007 Date	
<u>Dianna Goldenson</u> Typed or printed name			(212) 527-7700 Telephone Number	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

e required. Submit multiple

March 8, 2013

(212) 527-7700